



OFFICE OF INJURED EMPLOYEE COUNSEL ASSISTANCE REQUEST

Name: _____

DWC# _____

Address: _____

Email address: _____

City: _____

Date of Injury: _____

Telephone (____) _____

I, _____, am requesting the assistance of the Office of Injured Employee Counsel (OIEC). I am not represented by an attorney, although I know that I have that right. This document will remain in effect until I terminate it. I may terminate OIEC assistance at any time by notifying the Office of Injured Employee Counsel or by hiring an attorney. If I hire an attorney, I know that my attorney must file his or her contract of employment with the Texas Department of Insurance, Division of Workers' Compensation.

I know and clearly understand that the Ombudsman:

- is an employee of the Office of Injured Employee Counsel.
- is not acting as an attorney nor performing services of an attorney.
- will not be representing me as an attorney or in any other capacity.
- will be assisting me to present my claim for benefits.
- provides assistance at no charge to unrepresented persons requesting assistance.
- cannot and will not provide legal advice.
- cannot and will not make or sign any agreements for me.
- cannot and will not make any decisions for me.

I authorize any OIEC employee to have access to my claim file and other confidential records pertaining to my claim, including medical records.

I understand that any communication made to any OIEC employee is confidential under Texas Labor Code § 404.110 and that the employee cannot generally be compelled to disclose that information on any matter relating to my workers' compensation claim.

I authorize the Ombudsman to sign time-sensitive documents on my behalf that are required to be filed to preserve my rights in the workers' compensation system.

I have read or have had this information read to me by someone of my choice, and I understand and accept these terms.

Signature of Injured Employee or Beneficiary

Date